

City/Town of _____

Address: _____

FOOD ESTABLISHMENT INSPECTION REPORT

Tel. _____

Name	Date	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast Permit No.	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address	Risk Level		
Telephone			
Owner	HACCP Y/N		
Person in Charge (PIC)	Time In: Out:		
Inspector			

Each violation noted requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)		Non-compliance with:	
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.		Anti-Choking	590.009 (E) <input type="checkbox"/>
		Tobacco	590.009 (F) <input type="checkbox"/>
		Allergen Awareness	590.009 (G) <input type="checkbox"/>

Mark items below as **IN / OUT / N.O. / N.A.** (IN compliance, OUT of compliance, Not Observed during inspection, or Not Applicable)
To the right of each item mark with an "X" for Corrected on Site (COS) or Repeat Violations (R)

FOOD PROTECTION MANAGEMENT (COS) R			
IN	OUT	1. PIC Assigned / Knowledgeable / Duties	<input type="checkbox"/> <input type="checkbox"/>
EMPLOYEE HEALTH			
IN	OUT	2. Reporting of Diseases by Food Employee, PIC	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT	3. Personnel with Infections Restricted/Excluded	<input type="checkbox"/> <input type="checkbox"/>
FOOD FROM APPROVED SOURCE			
IN	OUT	4. Food and Water from Approved Source	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT	5. Receiving/Condition	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT	6. Tags/Records/Accuracy of Ingredient Statements	<input type="checkbox"/> <input type="checkbox"/>
N/A	N/O		
IN	OUT	7. Conforms with Approved Procedures/HACCP Plan	<input type="checkbox"/> <input type="checkbox"/>
N/A	N/O		
PROTECTION FROM CONTAMINATION			
IN	OUT	8. Separation/ Segregation/ Protection	<input type="checkbox"/> <input type="checkbox"/>
N/A	N/O		
IN	OUT	9. Food Contact Surfaces Cleaning and Sanitizing	<input type="checkbox"/> <input type="checkbox"/>
N/A	N/O		
IN	OUT	10. Proper and Adequate Handwashing	<input type="checkbox"/> <input type="checkbox"/>
N/A	N/O		
IN	OUT	11. Good Hygienic Practices	<input type="checkbox"/> <input type="checkbox"/>
N/A	N/O		
PROTECTION FROM CHEMICALS			
IN	OUT	12. Prevention of Contamination from Hands	<input type="checkbox"/> <input type="checkbox"/>
N/A	N/O		
IN	OUT	13. Handwash Facilities	<input type="checkbox"/> <input type="checkbox"/>
N/A	N/O		
TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)			
IN	OUT	14. Approved Food or Color Additives	<input type="checkbox"/> <input type="checkbox"/>
N/A	N/O		
IN	OUT	15. Toxic Chemicals	<input type="checkbox"/> <input type="checkbox"/>
N/A	N/O		
IN	OUT	16. Cooking Temperatures	<input type="checkbox"/> <input type="checkbox"/>
N/A	N/O		
IN	OUT	17. Reheating	<input type="checkbox"/> <input type="checkbox"/>
N/A	N/O		
IN	OUT	18. Cooling	<input type="checkbox"/> <input type="checkbox"/>
N/A	N/O		
IN	OUT	19. Hot and Cold Holding	<input type="checkbox"/> <input type="checkbox"/>
N/A	N/O		
IN	OUT	20. Time as a Public Health Control	<input type="checkbox"/> <input type="checkbox"/>
N/A	N/O		
REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)			
IN	OUT	21. Food and Food Preparation for HSP	<input type="checkbox"/> <input type="checkbox"/>
N/A	N/O		
CONSUMER ADVISORY			
IN	OUT	22. Posting of Consumer Advisories	<input type="checkbox"/> <input type="checkbox"/>
N/A	N/O		

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health.
Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

Mark items below as **IN or OUT**

IN/OUT	C	N	
			23. Management and Personnel (FC-2)(590.003)
			24. Food and Food Protection (FC-3)(590.004)
			25. Equipment and Utensils (FC-4)(590.005)
			26. Water, Plumbing and Waste (FC-5)(590.006)
			27. Physical Facility (FC-6)(590.007)
			28. Poisonous or Toxic Materials (FC-7)(590.008)
			29. Special Requirements (590.009)
			30. Other

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Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature:	Print:	Page ____ of ____ Pages
PIC's Signature:	Print:	